

the one described, occurred; confident in the antidote properties of the camphor, I directed it to be given every fifteen minutes, and left the patient in charge of Dr. J. D. Freeman, who kindly consented to remain with him until the arrival of Dr. Lemon. The latter returned to the hospital about 9 P. M., and reports: 'Respiration 55 per minute; pulse 80. A spasm at 9 o'clock and 10 minutes—duration two minutes. There was opisthotonos, with intense contraction of masseter, sterno-mastoid, pectoral, biceps, and gastrocnemii muscles. Spasms occurred at 9.25, 9.45, 10.15, and at 10.25. This proved to be the last, and was like a very severe chill; the one at 10.15 lasted five minutes, and was very severe. At 11.30 there had been no recurrence of either spasm or chill. I directed a little chicken broth and weak brandy and water, and left him with directions to be called if there should be any untoward symptoms. His respiration at this time had fallen to 40; pulse 88. He vomited several times on taking the camphor, but the dose was immediately repeated, and was not rejected on its second administration. To relieve the thirst and allay the vomiting, small pieces of ice were given.

"Feb. 3. Is much better this morning; has slept some; says he is hungry; is not thirsty, and has little or no pain at the epigastrium. Pulse 86; respiration 20; pupils natural; no headache.

"Directed light diet, and to remain in bed. The camphor, of which he took in all about 3i, produced neither cerebral or gastric derangement.

"Feb. 4. Patient entirely recovered."

"Dr. Rochester remarked that this was the second case reported by him to the society this year, where camphor had been successfully employed to counteract the effects of strychnia; he thought there was no doubt as to its properties as an antidote. Might it not possibly be successfully used in cases of traumatic and idiopathic tetanus?"—*Buffalo Medical Journal*, March, 1856.

*Reduction of Dislocation into Axilla of Eighty Days' Standing; Rupture of Axillary Artery; Ligature of that Vessel; Death from Secondary Hemorrhage.*—Dr. GEO. C. BLACKMAN, in a letter to the editor of the *Western Lancet* (Aug. 1856), gives the following account of this case:—

"About the 10th of July, aided by yourself, I succeeded in reducing by manipulation, without the pulleys, a dislocation into the axilla, of eighty days' standing. The reduction was accomplished in a very few minutes, under the influence of chloroform and ether, and the next morning the patient left for the country, in a comfortable condition. Since that I have received no tidings from him. Encouraged by the result in this case, another patient, himself a physician, a tall, athletic man, and about fifty years of age, decided to submit to the same manipulation, although his arm had been dislocated for about sixteen weeks. The dislocation was downward and inward, and, about the tenth week, an unsuccessful attempt, by another surgeon, had been made with the pulleys, to which the force of six men was applied for two and a half hours. The patient being under the influence of chloroform and ether, aided by yourself, Drs. Fries, Cary, Graham, and Kaufman, I commenced my manipulations, adducting, rotating, abducting, and elevating the arm. These efforts had been made for about ten minutes, and the least possible violence employed, when a tumefaction appeared in the pectoral region, which in a few minutes attained considerable size. Supposing that the axillary artery was ruptured, as no pulse could be felt at the wrist, a ligature was immediately applied to the vessel at the upper part of its course. The operation was performed about 10 o'clock A. M., and compression of the pectoral region made by means of a sponge and broad roller. On removing this the next morning, the tumefaction had nearly disappeared. The patient continued comfortable, and, about nine days after the application of the ligature, I was compelled to leave the city on a professional visit to Indiana. I left on Friday afternoon, and returned on Monday morning, at which time I learned that my patient had died on Sunday morning, from hemorrhage at the seat of ligature. Two physicians, his most intimate friends, lodged in the same house with him, but before they reached his bedside, the quantity of blood lost was so great, that he sank exhausted in about two hours from the first and only attack of hemorrhage. Previous to my departure for

Indiana, I had suggested to the physicians in charge the importance of having compressed sponge at hand, to be used in any emergency of the kind, but this was not used by the attendant; instead of applying pressure instantaneously, he went in search of the physicians, who, at that early hour in the morning, were in bed. The time thus lost unquestionably led to the fatal catastrophe."

*Removal of the Inverted Uterus.*—Dr. C. G. PUTNAM, read before the Boston Society for Medical Improvement (Feb. 11, 1856), a history of three cases of removal of inverted uterus under the care of Dr. Channing and himself. The specimens were exhibited at a previous meeting.

It is now three years since the operations were done, and during this interval we have carefully watched the result. One of the patients was for some months subject to leucorrhœal discharges, and in another there had been an occasional approach to something like menstruation; but they are at present in excellent health and spirits, illustrating the observation of M. A. Petit, that the uterus belongs less to the individual than to the species, and proving that nature can support the loss without material disturbance in the harmony of her functions.

The first was that of a young woman, 20 years of age, with her second child. On application to Dr. Channing, she stated that "dreadful" pain attended the extraction of the placenta, and the "flowing" was excessive. She was able to nurse her child for three months, though flowing more or less all the time. Immediately upon the suspension of nursing, the hemorrhage became incessant; and when visited, twelve months after childbirth, she was bloodless, anasarctous, and hardly able to move about. He attempted, under the influence of ether, to re-invert the uterus; but failing in this, the ligature of cord was applied, and the ends brought through so that the pressure could be graduated by a screw. The ligature came off on the eleventh day. It was tightened more or less every day; but in this, as in the other two cases, whenever the pressure was carried beyond a certain point, there ensued vomiting, faintness, depression of pulse and other symptoms of strangulation, which made it necessary to relax it. Her recovery was perfect.

CASE II.—The result of this case was not so fortunate. The patient recovered from the effect of the operation, but died from the effects of ill-timed exertion, in the same manner as, after an exhausting hemorrhage, death sometimes follows the mere rising up in bed. A young woman, originally of healthy constitution, æt. 25. She had had two confinements within three years. The first time had twins, and was much enfeebled by nursing both. The third child she nursed nearly nine months, and was "pretty well," though frequently "flowing." When she ceased nursing, menstruation recurred at short intervals, and very copiously, and she began to suffer palpitation, throbbing in head, faintness, and dyspnoea on any exertion. It was evident that these symptoms were sympathetic with some uterine lesion, and upon further inquiry it appeared that at the time of delivery, though not aware of any extraordinary pain, hemorrhage, or faintness, yet she never "felt quite right" about the pelvis. During the first week sat up in bed and moved about the bed more freely than usual. On the eighth day, having got out of bed to evacuate the bowels, she felt something protruding from the external organs, considerably larger than an orange. She suffered much distress until it was replaced in the vagina; and though it never again appeared externally, she was occasionally obliged to press it upward in order to relieve a painful sense of pressure. The local uneasiness gradually diminished, and she continued to nurse her child till it died at the ninth month. Immediately upon weaning, she began to "flow" almost constantly, but was able to attend to her household duties for eight months, when she suffered so much from faintness that she was compelled to remain in bed.

The most prominent symptoms at this time, when I was consulted, were palpitation, throbbing in the head, dyspnoea on motion, urgent thirst. She was exceedingly pale; pulse 120, feeble; tongue white. On examination, a tumour was felt high up the vagina, apparently two inches in length, an inch and a half in thickness, and about two inches in breadth. The os uteri soft and dis-